

TOWN OF DAVIE
6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: STAGG'S Country Lawn Care

BUSINESS STREET ADDRESS: 5550 SW 73 AVE Davie FL ZIP 33314

BUSINESS MAILING ADDRESS: Same ZIP _____

BUSINESS PHONE: 954-321-0728

DESCRIBE TYPE OF BUSINESS: landscape installation

BUSINESS IS: Corporation ☒ Sole Proprietor _____ Partnership _____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Daniel STAGG</u>	<u>5550 SW 73 AVE</u>	<u>Davie FL 33314</u>	<u>954-321-0728</u>
2. _____	_____	_____	_____

Federal ID Number or Social Security Number _____

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 02, and must be renewed before October 1st.

This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.

Daniel STAGG President
Print Owner or Officers Name and Title

[Signature]
Signature of Owner or Officer

Office Use Only: Date <u>2/13/02</u> Category <u>086002</u>		Fee Exempt per Sec. 13-13 _____	
License # <u>0216368</u> Control # <u>13636</u>		Fee <u>49.10</u> Rec# _____ New <input checked="" type="checkbox"/> Trans _____	
Council approval Required <input checked="" type="checkbox"/> Yes _____ No _____		Zoning <u>A-1</u> Date <u>2/19/02</u>	
Town Council Date _____		Approved _____ Denied _____	
Tabled To _____		Approved _____ Denied _____	
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____			